REMARKS

In the aforesaid Office Action, claims 17 and 20 were objected to, claims 2-4, 8-10, 15, 17 , 22 and 23 were rejected under 35 U.S.C. § 112, second paragraph, claims 1-10, 18, and 22-32 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Tenerz et al. (US 4,941,473) in view of Einzig (U.S. 5,178,153) and Goldenberg (U.S. 4,830,460), and claims 11-15, 17 and 19-21 were rejected under 35 U.S.C. 103(a) as being unpatentable over Tererz et al. in view of Einzig and Goldenberg and further in view of Jafari (U.S. 5,980,471). Claims 1-7, 10, 11, 14, 15, 18-27 and 29-35 are pending (claims 8, 9, 12, 13, 17 and 28 being canceled and new claims 33-35 being added by this amendment).

The Examiner rejected claims 1-10, 18, and 22-32 under 35 U.S.C. § 103(a) as being unpatentable over Tenerz et al. in view of Einzig and Goldenberg, stating, in part, that Ternerz et al. discloses a therapeutic guidewire having an optical fiber (3) extending along the length of the guidewire for measuring intravascular pressure, and although Tenerz et al. does not expressly teach an optical fiber that both senses and transmits diagnostic information, Einzig is directed to an optical fiber pressure sensing fluid flow device and it would have been obvious to modify Tenerz et al. to use an optical fiber that senses pressure as taught by Einzig instead of using a pressure sensor, because sensing pressure directly allows for faster measurement. The Examiner further states that Tenerz et al. does not expressly teach said optical fiber being slideable relative to the guidewire or being exposed to a vessel through the distal tip, but Goldenberg teaches that the optical

fiber is advanced (i.e., slideable) along a guidewire, and the fiber is advanced until it is exposed to a vessel through a distal tip (see figure 11) which may be covered with a transparent balloon, and it would have been obvious to modify Tenerz/Einzig to have a slideable optical fiber that is exposed to a vessel through the distal tip as taught by Goldenberg in order to allow the optical fiber to be removed and reinserted under necessary conditions.

However, Tenerz in view of Einzig and Goldenberg does not disclose or suggest a hollow guidewire having an optical fiber slidably disposed in a lumen of the guidewire, the optical fiber having a distal tip which is slidably positionable within the guidewire distal tip coil and which has an optically exposed configuration in which the optical fiber distal tip is in optical contact with the patient's anatomy outside the guidewire from within the distal end of the guidewire such that the optical fiber distal tip is configured for light transmission and/or reception, as required by the embodiment of Applicant's claim 1. Rather, in Goldenberg a guidewire 70 is slidably disposed in a first lumen 76 of a sleeve 72, to facilitate guiding an optical fiber 12 device (or an optical fiber that is within an endoscopic device) fixedly secured within a second lumen 78 of the sleeve 72. Although Goldenberg does disclose an optic fiber slideable relative to a guidewire 70 as stated by the Examiner, Goldenberg expressly discloses that the guidewire 70 is threaded through the lumen of the blood vessel, and the sleeve 72 and optical fiber 12 bound thereto are then slideably mounted onto the guidewire and advanced along the guidewire until to distal tip of the fiber is adjacent to the lesion to be ablated. Guidewires are conventionally configured to have devices slidably mounted along the outside of the

guidewire, to guide the device to a desired location in the patient's anatomy. Thus, the optic fiber device of Tenerz/Einzig having an optic fiber mechanically connected inside a guidewire, modified in view of the optic fiber device of Goldenberg having an optic fiber bonded inside a sleeve 72 (which is guided using a guidewire 70 slidably disposed in a lumen along side the optic fiber device), is a combination that appears at most to disclose guiding the optical fiber-containing guidewire device of Tenerz/Einzig by providing the guidewire 70 of Goldenberg slideably disposed in a lumen along side the optical fiber-containing guidewire device.

The Examiner further states that the fiber of Goldenberg is advanced until it is exposed to a vessel through a distal tip (see figure 11) which may be covered with a transparent balloon. However, Goldenberg does not disclose slideably advancing the fiber relative to the balloon. Rather it discloses that the fiber is encased in a catheter (endoscope) and, in one embodiment, a transparent balloon bonded to the end of the endoscope encases the tip. Specifically, the lens output of the optic fiber 92 is at the distal end 94 of the endoscope, and the balloon 90 is on the distal end 94 of the endoscope. There is no teaching or suggestion of sliding the fiber out the end of the endoscope into the balloon. Similarly, the fiber 3 and sensor 1 of Tenerz et al. are in the distal end of the guidewire tube 12 proximal to the distal tip coil (i.e., helix 18) of the guidewire (and replacing the sensor 1 of Tenerz et al. with the sensing optical fiber of Einzig as set forth by the Examiner results in Tenerz/Einzig having the distal tip of the fiber at the location of the distal end of the sensor 1 of Tenerz et al. proximal to the distal tip coil). In contrast, the embodiment of Applicant's claim 1 requires that the optical

fiber has a distal tip which is slidably positionable within the guidewire distal tip coil and which has an optically exposed configuration in which the optical fiber distal tip is in optical contact with the patient's anatomy outside the guidewire from within the guidewire distal end (which comprises the distal tip coil and a distal tip member bonded to the distal end of the coil).

Regarding claims 6 and 24, Tenerz et al. in view of Einzig and further in view of Goldenberg similarly does not disclose or suggest an optical fiber slidably disposed within a hollow guidewire (which has a polymeric jacket disposed about the distal core section of the guidewire as in claim 6, or according to the method of claim 24).

Regarding claim 22, Tenerz et al. in view of Einzig and further in view of Goldenberg similarly does not disclose or suggest an optical fiber having a distal tip which is within the distal tip coil of the guidewire and which has an optically exposed configuration in which the optical fiber distal tip is oriented to be in optical contact with the patient's anatomy outside the guidewire from within the distal tip coil laterally through a space between turns of the coil, such that the optical fiber distal tip is configured for light transmission and/or reception. It should be noted that Applicant's have deleted the requirement previously in claim 22 that the optical fiber is slidably disposed in the guidewire.

Support for the amendments to claim 1 can be found at least in Fig. 1, and paragraphs [0031] and [0038], and paragraph [0069] (disclosing an apparatus configured for being introduced into a patient's anatomy). Support for the amendments to claim 2 can be found at least in paragraph [0049]. Support for the amendments to claim 6 can be

found at least in paragraphs [0055], [0056], and [0057]. Support for the amendments to claim 22 and new claims 33 and 34 can be found at least in paragraphs [0031] and [0038], and in Fig. 8 and paragraph [0051], and in Fig. 10 and paragraph [0058]. Support for new claim 35 can be found at least in paragraphs [0031], [0038], and [0049].

Applicants wish to bring to the attention of the Patent Office the references listed on the attached PTO-1449, and request that they be considered by the Examiner. This Information Disclosure Statement is being submitted pursuant to 37 CFR 1.97(c)(2), and therefore the fee set forth in 1.17(p) is due.

Applicant respectfully requests reconsideration, and issuance of a timely Notice of Allowance.

The Commissioner is hereby authorized, however, to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 06-2425.

Respectfully submitted,

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